

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Mailing Address 3050 K Street Suite 100			Amount 450053.00		
City Washington	State DC	Zip Code 20007	Transaction ID : B531892		
Purpose of Expenditure TV/Cable advertising buy		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 466583.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee SWAY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Mailing Address 4311 Leland Street			Amount 12712.76		
City Chevy Chase	State MD	Zip Code 20815	Transaction ID : B531894		
Purpose of Expenditure Production of broadcast advertisements		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 466583.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	462765.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Voters of Iowa		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1171 7th St		Amount 2275.50	
City Des Moines	State IA	Zip Code 50322	Transaction ID : B531896
Purpose of Expenditure Production of broadcast advertisements		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		466583.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Beehive Research		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 617 Pickford Place NE		Amount 1542.50	
City Washington	State DC	Zip Code 20002	Transaction ID : B531899
Purpose of Expenditure Research		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		466583.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3818.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	466583.76

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Aletheia Henry

[Electronically Filed]

Date

MM / DD / YYYY
09 / 17 / 2014

Signature